

ROSTER OF PARTICIPANTS—FOR VENDOR USE ONLY—35/40 HOUR INITIAL OR CEU COURSES

ADMINISTRATOR CERTIFICATION PROGRAM

- Provide the information requested below for all participants.
- Mail a copy of this roster within **7 days** of course completion to the Administrator Certification Section at:
744 “P” Street, M.S. 19-47, Sacramento, CA 95814
- Please submit a **separate** roster for each course/program type.
- Complete a separate roster for each day of course instruction.

(1) Course Program Type (*Check one box*):

- ☐ **RCFE Initial 40-Hour Course**
☐ **ARF Initial 35-Hour Course**
☐ **GH Initial 40-Hour Course**
☐ **RCFE CEU**
☐ **ARF CEU**
☐ **GH CEU**

(2) Vendor Name		Instructor(s) Name		(3) Vendor #		(4) Course Date	
(5) Course Name		Location of Course		(6) CEU Course #(if applicable)			
Last Name of Participant (Print)		First Name of Participant (Print)		Middle Initial	Time In	Facility Name or Facility License #	
Address		City	Zip Code	Time Out	Phone Number		
Last Name of Participant (Print)		First Name of Participant (Print)		Middle Initial	Time In	Facility Name or Facility License #	
Address		City	Zip Code	Time Out	Phone Number		
Last Name of Participant (Print)		First Name of Participant (Print)		Middle Initial	Time In	Facility Name or Facility License #	
Address		City	Zip Code	Time Out	Phone Number		
Last Name of Participant (Print)		First Name of Participant (Print)		Middle Initial	Time In	Facility Name or Facility License#	
Address		City	Zip Code	Time Out	Phone Number		
Last Name of Participant (Print)		First Name of Participant (Print)		Middle Initial	Time In	Facility Name or Facility License#	
Address		City	Zip Code	Time Out	Phone Number		
(7) Name of Authorized Representative (Print)		(8) Title of Authorized Representative		(9) Signature of Authorized Representative			(10) Date